FEB 1 1 2008 A TRADENT

PTO/SB/17 (10-07)

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Effective on 12/08/	Complete if Known						
Fees pursuant to the Consolidated Approp	Application Num	ion Number 09/994,975					
FEE TRANS	Filing Date	N07 000		2001			
				Robin L. Parsons			
For FY 20			C. B. Graham				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 30		3692			
TOTAL AMOUNT OF PAYMENT (\$) 220.00		Attorney Docket i	Attorney Docket No. SSBI-P01-003				
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicate	d below	Charge	e fee(s) indic	cated below, ex	cept for t	ne filing fee	
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION	TO GITG T. T					-	
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES				·	-	
•		ARCH FEES	EXAMINA	ATION FEES			
A	Small Entity	Small Entity	F (A)	Small Entity	F 1	n_:4 (¢)	
Application Type Fee (\$			Fee (\$)	Fee (\$)	<u>rees i</u>	Paid (\$)	
Utility 310		-	210	105			
Design 210			130	65			
Plant 210			160	80			
Reissue 310			620	310			
Provisional 210	105 0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)							
Fee Description Each claim over 20 (including Reissues)  50 25							
Each independent claim over 3 (incl				210	105		
Multiple dependent claims	dung Reissaes)				370	185	
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	Mul	ltiple Depende		105	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  25 -23 = 2 x 50.00 = 100.00 Fee (\$) Fee Paid (\$				5)			
HP = highest number of total claims paid fo	· — —				•	-	
Indep. Claims Extra Claims							
5 -6=	x =						
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Shee		additional 50 or frac	tion thoroof	Fee (\$)	Foo	Paid (\$)	
· · · · · · · · · · · · · · · · · · ·					<u> </u>	r uiu (ψ)	
- 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00							
SUBMITTED BY							
Signature Churles	Laisun	Registration No. (Attorney/Agent)	48,533	Telephone	(617) 951-7085		
Name (Print/Type) Charles D. Larsen Date February 7, 2008					7, 2008		

		with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O.
Box 1450,	Alexandria, VA 22313-145	io. // // // // // // // // // // // // //
5	2-7-08	moure a De Machae (Moura A. Gallagher)

Docket No. AMENDMENT TRANSMITTAL LETTER SSBI-P01-003 Application No. Filing Date Examiner Art Unit 09/994,975 November 27, 2001 C. B. Graham 3692 Applicant(s): Parsons et al. Invention: VERIFICATION OF NET ASSET VALUES TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Claims **Highest** Number Remaining Number Extra Claims Previously After Amendment Paid Present Rate **Total Claims** 25 23 2 50.00 100.00 Х Independent 5 5 Х Claims Multiple Dependent Claims (check if applicable) Other fee (please specify): Extension for response within first month 120.00 220.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: **Small Entity** x Large Entity No additional fee is required for this amendment. 220.00 × | Please charge Deposit Account No. 18-1945 in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. 18-1945 X The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. February 7, 2008 Dated: Charles D. Larsen Attorney/Agent Reg. No.: 48,533 **ROPES & GRAY LLP** One International Place Boston, Massachusetts 02110 (617) 951-7085

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

BOX 1430, Alexandria, VA 22313-1430.

Signature Maura A. Palleyhor (Maura A. Gollogher)